

Leovardo Salceda

PLAINTIFF/PETITIONER/MOVANT'S NAME

J-90933

PRISON NUMBER

Chuckawalla Valley State Prison,
D9-237 low

PLACE OF CONFINEMENT

P.O. Box 2349

Blythe, CA 92226

ADDRESS

2254	1983
FILING FEE PAID	
Yes	No
MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

FILED
JUN 10 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY <i>RVM</i> DEPUTY

COPY

United States District Court
Southern District Of California

LEOVARDO SALCEDA

Plaintiff/Petitioner/Movant

v.

JOHN F. SALAZAR, warden,
JERRY BROWN,
Attorney General, Defendant/Respondent

'08 CV 1 037 IEG PCL

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, Leovardo Salceda

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration *Chuckawalla Valley State Prison*

Are you employed at the institution?

☒ Yes ☐ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

In April 1995, I was arrested for the instant offense case no. SCD112436.
At that time (1995) I worked for San Diego Roofing Co. I earned
\$ 7 an hour. From 1995 to present day 6-6-08 I have been incarcerated.

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| h. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

Not Applicable

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): Not Applicable

b. Present balance in account(s): Not Applicable

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): n/A

b. Present balance in account(s): n/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? Not Applicable.

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. None.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. None.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): None.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): None.

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I am a state prisoner. The prison feeds me and provides close.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 6-6-08

Leonardo Salcedo

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant _____
 (NAME OF INMATE)

 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

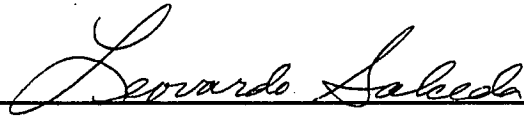
(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Leovardo Salceda J-90933, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 6-6-08



 SIGNATURE OF PRISONER

STATE OF CALIFORNIA GA-22 (9/92)		INMATE REQUEST FOR INTERVIEW		DEPARTMENT OF CORRECTIONS	
DATE 6-6-08	TO Mr. Elms	FROM (LAST NAME) Salceda, Leonardo	CDC NUMBER J-90933		
HOUSING D9	BED NUMBER 237 L	WORK ASSIGNMENT CLK%D.205, Education Clerk/Tutor	JOB NUMBER		
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) AA/NA Meeting, Toastmasters		FROM 6:30 a.m. TO 1:45 p.m. ASSIGNMENT HOURS			
		FROM 6:30 p.m. TO 8 p.m.			

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Please approve \$5 trust withdrawal for payment in filing habeas petition 28 USC 2254. Additionally, forward to trust account office "Motion To Proceed In Forma Pauperis" for certification. Self addressed stamped envelopes is provided for mailing. Thank you.

Leonardo Salceda

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date 6-6- 2008

To: Warden

Approved _____

I hereby request that my Trust Account be charged \$ 5.00 (five) for the purpose stated below and authorize the withdrawal of that sum from my account:

J-90933

NUMBER

Leovardo Salceda

NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

PURPOSE To pay Federal District Court
the \$5.00 filing fee to file Petition for
Writ of Habeas Corpus and Application for
Equitable and Statutory Tolling 28 U.S.C.
2254, 224d. Thank you.

NAME Southern District of California

ADDRESS 880 Front St. #4290

San Diego, CA 92101

Leovardo Salceda

PRINT YOUR FULL NAME HERE

1 STATE OF CALIFORNIA)
 2 COUNTY OF RIVERSIDE) ss

PROOF OF SERVICE BY
 PERSON IN STATE CUSTODY

3 I, Leovardo Salceda, the undersigned, certify, and
 4 do declare that I am over the age of 18 years, incarcerated at Chuckawalla
 5 Valley State Prison, located at Blythe, California and a party/ not a party
 6 to the attached foregoing cause of action. On 6-6-08, _____,

7 I did serve a true copy of:

8 Motion and declaration under penalty of perjury in
 9 support of motion to proceed IN FORMA PAUPERIS

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12 [] by depositing it in a prison mail box in a sealed envelope, or [✓] by
 13 handing it to institutional staff in a sealed envelope, along [✓] with Inmate
 14 Trust Account Withdrawal Order Form attached to it requesting that postage be
 15 fully prepaid, or [] with postage affixed thereto for deposit in The United
 16 States Mail pursuant to California Code of Regulations Sections 3142 and 3165;
 17 Addressed to the following:

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U.S. District Court
 Southern District of California
 880 Front St., #4290
 San Diego, CA 92101

Attorney General
 San Diego Office
 110 West "A" St., #1100
 P.O. Box 85266
 San Diego, CA 92186-5266

Intended place of mailing: U.S. Post Office, at Blythe, California.

I further declare under penalty of perjury that the foregoing is true and
 correct to the best of my knowledge, and belief. Executed on 6-6-08,

Leovardo Salceda
 PETITIONER/DECLARANT IN PROPER

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